Sanitized - Approved For Release : CIA-RDP70-00211R000200100033-1 NO CABON REQUIRED-MODE BUSINESS FORMS, INC., ATLANTA, GA.-PAPER PAT. BY N.C.P. CO.

(When Filled In)

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Sanitized - Approved For Belease : CIA-Rapp 0-00211R000200100033-1



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(When Filled In)

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3.

COORDINATOR'S FILE

CONFIDENTIAL (When Filled In)

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R A L III C O O R D I N A T I O N	TO:	FORMS MAN BRANCH, RI UNCONDITIONAL APP REVISION REQUIRED COPY OF REVISI INCREASE QUANT (Amount) FORM IS OBSOLESE	AGEMENT MS/MGT/S PROVAL ED FORM, FORM TITY ORDERED BY STITTY ORDERED BY ESTE NCE, REPLACEMEN	RECOMMENDE RECOMMENDE A A A A A A A A A A A A A	ED ACTION CODIFIED COPY OF RI SPORTING SE STOCK	FROM: I (Check \(\sigma \) a APPROVAL EVISED FORM, G PAPERS WI REASON FOR S ON HAND K DISPOSITIO	ATE. FAILU RMS WITHO POPIICABLE BO FORM 30 & ILL BE FOR R INCREASE ON INSTRUCT	X(es) DISAP SUPPORTING F WARDED BY (1) OR DECREASE	PROVAL PAPERS ARE Date) OTHER RE	CHED FORM. CT. 675 BY THIS DA TION WITH YOUR DATE ATTACHED ON HAND COMMENDATIONS
R A L III C O O R D I N A T I O N	TO: REASON NAME,	FORMS MAN BRANCH, RI UNCONDITIONAL APP REVISION REQUIRED COPY OF REVISI INCREASE QUAN (Amount) FORM IS OBSOLESE ROOM NO., BUI LO/SD/SOB	AGEMENT MS/MGT/S PROVAL ED FORM, FORM TITY ORDERED BY ITITY ORDERED BY	RECOMMENDE RECOMMENDE M C 30 AND SU Y PERSON PRIM	DAR DAYS MONTHS S ED ACTION MODIFIED COPY OF RI JPPORTING SE STOCK MARILY RES	FROM: FROM: I (Check \(\sigma \) a APPROVAL EVISED FORM, G PAPERS WI REASON FOR S ON HAND K DISPOSITIO	ATE. FAILU RMS WITHO PPIICABLE BO FORM 30 & ILL BE FOR R INCREASE ON INSTRUCT OR FORM FORMS IN BRANCH	X(es) DISAP SUPPORTING F WARDED BY (1) OR DECREASE TIONS & ANY SIGNATURE (PROVAL PAPERS ARE DATE OTHER RE	CHED FORM. CT. 675 BY THIS DA CION WITH YOUR DATE ATTACHED COMMENDATIONS DINATING OFFICIA DATE
R A L III C O O R D I N A T I O N	TO: REASON NAME,	FORMS MAN BRANCH, RI UNCONDITIONAL APP REVISION REQUIRED COPY OF REVISI INCREASE QUAN (Amount) FORM IS OBSOLESE ROOM NO., BUI LO/SD/SOB	AGEMENT MS/MGT/S PROVAL ED FORM, FORM TITY ORDERED BY ITITY ORDERED BY	RECOMMENDE RECOMMENDE M C 30 AND SU Y PERSON PRIM	DAR DAYS MONTHS S ED ACTION MODIFIED COPY OF RI JPPORTING SE STOCK MARILY RES	FROM: I (Check \(\sigma \) a APPROVAL EVISED FORM, G PAPERS W REASON FOR S ON HAND K DISPOSITIO SPONSIBLE FO	ATE. FAILU RMS WITHO PPIICABLE BO FORM 30 & ILL BE FOR R INCREASE ON INSTRUCT OR FORM FORMS IN BRANCH	X(es) DISAP SUPPORTING F WARDED BY (1) OR DECREASE TIONS & ANY SIGNATURE (PROVAL PAPERS ARE DATE OTHER RE	CHED FORM. ST. 675 BY THIS DATION WITH YOUR DATE ATTACHED COMMENDATIONS DINATING OFFICIA

Sanitized - Approved For The Test IAL CIA-RDP70-00211R0002001000334

FORM STOCK REPLENISHMENT NOTICE, COORDINATION AND APPROVAL RECORD TO: FORMS MANAGEMENT FROM: LO/SD DATE BRANCH, RMS/MGT/S SOB/SMS S PLEASE VERIFY CURRENT STATUS OF THIS FORM & AUTHORIZE REPRINT OR OTHER APPROPRIATE ACTION TO REPLENISH STOCKS. FORM NO. STOCK NO. QUANTITY ORDERED T 0 GROUP I C SHP-GROUP II PHIES K NOW GROUP III HELD R GROUP IV N ΒY Ε BSOs OTHER 0 BACK-UP STOCKS L EQUALS CURRENT STOCKS ON HAND Ε PLUS DUES IN C N **EQUALS SUB TOTAL** Ε MINUS DUES OUT S EQUALS AVAILABLE UNCOMMITTED SUPPLY Н DIVIDED BY MONTHLY USE M **EQUALS MONTHS AVAILABLE SUPPLY** REMARKS Ε N T TO: I FROM: DATE FORMS MANAGEMENT BRANCH R PLEASE REVIEW CURRENCY, POINTS OF AND NEED FOR CONTINUED STOCKAGE, POSSIBILITY OF FUTURE REVISION, ADEQUACY OF PRESENT PROCEDURES AND ISSUANCES, AND ANY OTHER FACTORS AFFECTING CONTINUED REQUIREMENTS FOR THE ATTACHED FORM. E F COMPLETE AND RETURN SECTION III WITHIN 30 CALENDAR DAYS FROM THIS DATE. FAILURE TO REPLY OR CALL EXT. 675 BY THIS DATE MAY Ε RESULT IN THE AUTOMATIC PROCUREMENT OF A 3 - 6 MONTHS SUPPLY OF FORMS WITHOUT FURTHER CONSULTATION WITH YOUR OFFICE. R R Α 1 Ш TO: DATE FORMS MANAGEMENT FROM: BRANCH, RMS/MGT/S C RECOMMENDED ACTION (Check √ applicable box(es) 0 UNCONDITIONAL APPROVAL MODIFIED APPROVAL 0 REVISION REQUIRED COPY OF REVISED FORM, FORM 30 & SUPPORTING PAPERS ARE ATTACHED R COPY OF REVISED FORM, FORM 30 AND SUPPORTING PAPERS WILL BE FORWARDED BY (Date) D INCREASE (Amount) DECREASE (Amount) QUANTITY ORDERED BY REASON FOR INCREASE OR DECREASE ١ QUANTITY ORDERED BY N FORM IS OBSOLETE USE STOCKS ON HAND DESTROY STOCKS ON HAND Α REASON FOR OBSOLESENCE, REPLACEMENT FORM (if any) STOCK DISPOSITION INSTRUCTIONS & ANY OTHER RECOMMENDATIONS T 0 NAME, ROOM NO., BUILDING & EXT. OF PERSON PRIMARILY RESPONSIBLE FOR FORM SIGNATURE OF COORDINATING OFFICIAL IV TO: LO/SD/SOB/SMS FROM: DATE FORMS MANAGEMENT BRANCH Α UNCONDITIONALLY APPROVED APPROVED AS MODIFIED DISAPPROVED (See remarks) REMARKS R 0 ٧ A

FORM NO. 30a

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